

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** Pharmacists  
All Prescribers  
Managed Care Plans

**Memorandum No: 05-97 MAA**  
**Issued: November 1, 2005**

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration (MAA)

**For information call:**  
1-800-562-3022  
<http://maa.dshs.wa.gov/pharmacy>

**Subject: Prescription Drug Program: Expedited Prior Authorization (EPA) Changes**

**Effective the week of October 31, 2005**, the Medical Assistance Administration (MAA) will implement the expedited prior authorization (EPA) changes to MAA's Prescription Drug Program as outlined in this memorandum.

Drug	Code	Criteria
Lyrica® ( <i>pregabalin</i> )	035	Treatment of post-herpetic neuralgia.
	036	Treatment of seizures.
	063	Treatment of diabetic peripheral neuropathy.

### **Billing Instructions Replacement Pages**

Attached are replacement pages H.11 & H.12 for MAA's *Prescription Drug Program* Billing Instructions.

### **How do I access WaMedWeb?**

This is a resource for healthcare providers conducting business electronically with Washington State Medicaid. <http://wamedweb.acs-inc.com>

## MAA's Provider Issuances

To view and download MAA's numbered memoranda and billing instructions electronically, visit MAA's website at <http://maa.dshs.wa.gov> (select the *Billing Instructions/Numbered Memoranda* link).

To request a free paper copy from the Department of Printing:

1. **Go to:** <http://www.prt.wa.gov/> (Orders filled daily).
  - a) Click *General Store*.
  - b) If a **Security Alert** screen is displayed, click **OK**.
    - i. Select either *I'm New* or *Been Here*.
    - ii. If new, fill out the registration and click *Register*.
    - iii. If returning, type your email and password and then click *Login*.
  - c) At the **Store Lobby** screen, click *Shop by Agency*. Select *Department of Social and Health Services* and then select *Medical Assistance*.
  - d) Select *Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Issuance Correction*. You will then need to select a year and then select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/ telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)

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<b>Lamisil®</b> ( <i>terbinafine HCl</i> )		Treatment of onychomycosis for up to 12 months is covered if patient has one of the following conditions:
	042	Diabetic foot;
	043	History of cellulitis secondary to onychomycosis and requiring systemic antibiotic therapy;
	051	Peripheral vascular disease; <b>or</b>
	052	Patient is immunocompromised.
<b>Levorphanol</b>	040	Diagnosis of cancer-related pain.
<b>Lotrel®</b> ( <i>amlodipine besylate/benazepril</i> )	038	Treatment of hypertension as a second line agent when blood pressure is not controlled by any: <ul style="list-style-type: none"> <li>a) ACE inhibitor alone; <u>or</u></li> <li>b) Calcium channel blocker alone; <u>or</u></li> <li>c) ACE inhibitor and a calcium channel blocker as two separate concomitant prescriptions.</li> </ul>
<b>Lunesta™</b> ( <i>eszopiclone</i> )	006	Short-term treatment of insomnia. Drug therapy is limited to 10 in 30 days, after which the patient must be re-evaluated by the prescriber before therapy can continue.
<b>Lyrica®</b> ( <i>pregabalin</i> )	035	Treatment of post-herpetic neuralgia.
	036	Treatment of seizures.
	063	Treatment of diabetic peripheral neuropathy.
<b>Metadate CD®</b> ( <i>methylphenidate HCl</i> )		See criteria for Concerta®.
<b>Miralax®</b> ( <i>polyethylene glycol</i> )		See criteria for Glycolax Powder®

<b>Naltrexone</b>		See criteria for ReVia®.
<b>Nephrocaps®</b>	096	Treatment of patients with renal disease.
<b>Nephro-FER®</b> ( <i>ferrous fumarate/folic acid</i> )		
<b>Nephro-Vite®</b> ( <i>Vitamin B comp W-C</i> )		
<b>Nephro-Vite RX®</b> ( <i>folic acid/vitamin B comp W-C</i> )		
<b>Nephro-Vite+FE®</b> ( <i>fe fumarate/FA/vitamin B comp W-C</i> )		
<b>Nephron FA®</b> ( <i>fe fumarate/doss/FA/B comp &amp; C</i> )		
<b>Neurontin®</b> ( <i>gabapentin</i> )	035	Post-herpetic neuralgia.
	036	Treatment of seizures.
<b>Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)</b>	141	An absence of a history of ulcer or gastrointestinal bleeding.
<b>Ansaid®</b> ( <i>flurbiprofen</i> ).		
<b>Arthrotec®</b> ( <i>diclofenac/misoprostol</i> )		
<b>Bextra®</b> ( <i>valdecoxib</i> )		
<b>Cataflam®</b> ( <i>diclofenac</i> )		
<b>Clinoril®</b> ( <i>sulindac</i> )		
<b>Daypro®</b> ( <i>oxaprozin</i> )		
<b>Feldene®</b> ( <i>piroxicam</i> )		
<b>Ibuprofen</b>		
<b>Indomethacin</b>		
<b>Lodine®, Lodine XL®</b> ( <i>etodolac</i> )		
<b>Meclofenamate</b>		
<b>Mobic®</b> ( <i>meloxicam</i> )		
<b>Nalfon®</b> ( <i>fenoprofen</i> )		
<b>Naprelan®, Naprosyn®</b> ( <i>naproxen</i> )		
<b>Orudis®, Oruvail®</b> ( <i>ketoprofen</i> )		
<b>Ponstel®</b> ( <i>mefenamic acid</i> )		
<b>Relafen®</b> ( <i>nabumetone</i> )		
<b>Tolectin®</b> ( <i>tolmetin</i> )		
<b>Toradol®</b> ( <i>ketorolac</i> )		
<b>Vicoprofen®</b> ( <i>ibuprofen/hydrocodone</i> )		
<b>Voltaren®</b> ( <i>diclofenac</i> )		

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<b>Oxandrin®</b> ( <i>oxandrolone</i> )		Before any code is allowed, there must be an absence of all of the following:  a) Hypercalcemia; b) Nephrosis; c) Carcinoma of the breast; d) Carcinoma of the prostate; and e) Pregnancy.
	110	Treatment of unintentional weight loss in patients who have had extensive surgery, severe trauma, chronic infections (such as AIDS wasting), or who fail to maintain or gain weight for no conclusive pathophysiological cause.
	111	To compensate for the protein catabolism due to long-term corticosteroid use.
	112	Treatment of bone pain due to osteoporosis.
<b>OxyContin®</b> ( <i>oxycodone HCl</i> )	0	Diagnosis of cancer-related pain.
<b>Parcopa®</b> ( <i>carbidopa/levodopa</i> )	049	Diagnosis of Parkinson's disease and one of the following:  a) Must have tried and failed generic carbidopa/levodopa; or b) Be unable to swallow solid oral dosage forms.
<b>PEG-Intron®</b> ( <i>peginterferon alpha 2b</i> )	109	Treatment of chronic hepatitis C in patients 18 years of age or older.
<b>Pegasys®</b> ( <i>peginterferon alpha-2a</i> )	109	Treatment of chronic hepatitis C in patients 18 years of age or older.

<b>Plavix®</b> ( <i>clopidogrel bisulfate</i> )	116	When used in conjunction with stent placement in coronary arteries. Supply limited to 9 months after stent placement.
	136	For use in patients with atherosclerosis documented by recent myocardial infarction, recent stroke, or established peripheral artery disease and have failed aspirin. A patient that is considered an aspirin failure has had an atherosclerotic event (MI, stroke, intermittent claudication) after the initiation of once-a-day aspirin therapy.
<b>Pravachol®</b> ( <i>pravastatin sodium</i> )		When used in conjunction with other statin-type cholesterol-lowering agents.
<b>Prevacid® Solutab</b> ( <i>lansoprazole</i> )	050	Inability to swallow oral tablets or capsules.
<b>Pulmozyme®</b> ( <i>dornase alpha</i> )	053	Diagnosis of cystic fibrosis and the patient is 5 years of age or older.
<b>Rebetol®</b> ( <i>ribavirin</i> )		See criteria for Copegus®.
<b>Rebetron®</b> ( <i>ribavirin/interferon alpha-2b, recombinant</i> )	008	Treatment of chronic hepatitis C in patients with compensated liver disease who have relapsed following alpha interferon therapy.
	009	Treatment of chronic hepatitis C in patients with compensated liver disease.
<b>Remicade Injection®</b> ( <i>infliximab</i> )	022	Treatment of rheumatoid arthritis in combination with methotrexate when prescribed by a rheumatologist in those patients who have had an inadequate response to methotrexate alone.

